

Access and Flow | Efficient | **Optional Indicator**

Indicator #6	Last Year		This Year		
	14.73	12	25.98	-76.37%	15
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Maple Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improving an open line of communication between resident/family and health care team regarding a realistic approach to care.

Process measure

- Hospital transfers to be reviewed quarterly at CQI with the professional advisory committee.

Target for process measure

- To see a decrease in avoidable ER transfers to coincide with our corporate target.

Lessons Learned

Some family members and residents continue to be unrealistic and demand transfer to hospital despite health teaching.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Dedicated IPAC lead to consult as needed for appropriate infection control measures to minimize potential for increased transmission.

Process measure

- Statistics reviewed at CQI/PAC and education scheduled as needed

Target for process measure

- Decrease in transmission of infection and need for hospitalization related to infections.

Lessons Learned

The home has successfully implemented an IPAC lead as per MOH minimum requirements. States are reviewed at monthly IPAC meetings, CQI meetings, and quarterly PAC meetings. The home continues to update the IPAC boards and conduct daily symptom surveillance to stay current with infections and prevent further outbreaks.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Increase safety equipment use to prevent injuries related to falls.

Process measure

- Decrease in number of injuries related to falls.

Target for process measure

- Decrease in number of transfer to hospital as per target goal.

Lessons Learned

Resistance from residents and family members to utilize safety interventions and and equipment despite health teaching.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Improve our use of psychogeriatric resource consultant proactively to manage resident behaviours and staff interactions.

Process measure

- To see a decrease in behavioural incidents over the next year and transfers to ED because of this.

Target for process measure

- To align with our corporate goal for ED transfers.

Lessons Learned

We utilized this consultant as available. However there was an extended period of time where there was no one in this role.

Change Idea #5 ☒ Implemented ☐ Not Implemented

Antibiotic treatment provided via IV at the bedside to minimize need for hospital transfer and admission.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This was effective with staff training and easy access to elastomeric device from our pharmacy.

Comment

Majority of our transfers to ED were in relation to falls and need to rule out head injury via CT scan. External collaborators such as STL were utilized to the fullest extent where possible to provide imaging for XRAY and ultrasound as opposed to sending to hospital.

Equity | Equitable | **Optional Indicator**

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Maple Park Lodge)	6.67	100	100.00	1399.25 %	100

Change Idea #1 ☐ Implemented ☒ Not Implemented

To ensure all staff recieve applicable training on cultural sensitivity by the end of the year.

Process measure

- Will be reviewed for completion by end of year cut off date.

Target for process measure

- To ensure 100% completion by the end of the year.

Lessons Learned

All managers have received this in person education. All Staff will be trained via surge learning by the end of 2025

Experience | Patient-centred | **Optional Indicator**

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Maple Park Lodge)	60.61	100	52.73	-13.00%	100

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre paid return envelope.

Process measure

- To see an increase in response rates.

Target for process measure

- To meet our goal of 100% satisfaction.

Lessons Learned

Due to challenges in sending envelopes to families, the home has implemented a QR code for families to scan, as well as reminders during care conferences, in the monthly newsletter, and through ROBO calls to engage residents more frequently. However, the home continues to face challenges in encouraging families to complete the surveys.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

The home has begun gathering families' email addresses during admission and on an ongoing basis to make it easier for families to contact the home and complete online surveys. Communication is also facilitated through the monthly newsletter, and residents and families are involved through resident and family council meetings.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Home successfully implemented the strategies to gain more family and resident involvement.

Comment

The home has begun gathering families' email addresses during admission and on an ongoing basis to make it easier for families to contact the home and complete online surveys. Communication is also facilitated through the monthly newsletter, and residents and families are involved through resident and family council meetings.

The system does not account for the lack of respondents to our initiated surveys, which makes it look as though our satisfaction results are less than they truly are. Based on the positive responses to the surveys that have been completed, our positive response to how well the staff listen to you is 87%.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Maple Park Lodge)	65.63	100	46.88	-28.57%	100

Change Idea #1 ☐ Implemented ☒ Not Implemented

For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre paid return envelope.

Process measure

- To see an increase in response rates.

Target for process measure

- To meet our goal of 100% satisfaction.

Lessons Learned

Due to challenges in sending envelopes to families, the home has implemented a QR code for families to scan, as well as reminders during care conferences, in the monthly newsletter, and through ROBO calls to engage residents more frequently. However, the home continues to face challenges in encouraging families to complete the surveys.

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Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Home successfully implemented the strategies to gain more family and resident involvement.

Comment

The home has begun gathering families' email addresses during admission and on an ongoing basis to make it easier for families to contact the home and complete online surveys. Communication is also facilitated through the monthly newsletter, and residents and families are involved through resident and family council meetings.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	20.68	15	21.02	-1.64%	17
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Maple Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Implementation of falling leaf program with the adoption of extendicare policies.

Process measure

- Falls will be reviewed weekly through our quality and safety rounds from an interdisciplinary perspective.

Target for process measure

- To meet or exceed our corporate target.

Lessons Learned

Falls will be reviewed daily during nursing and leadership meetings, as well as at monthly committee meetings with the interdisciplinary team.
If a resident experiences two or more falls, staff will submit a referral to the fall team lead.
Despite ongoing education, some residents and families continue to challenge universal fall precautions.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Implementation of a portering protocol for safe ambulation in wheelchair.

Process measure

- To see zero falls or injuries related to lack of foot rests.

Target for process measure

- To meet or exceed our corporate target.

Lessons Learned

All residents requiring wheelchair footrests have them readily available, stored in the back of the wheelchair bag when not in use.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Recertification of Resident safe handling team leads to ensure that there is an engaged and motivated trainer on each shift for direct care staff support.

Process measure

- To see a decrease in falls related to unsafe transferring. Incidents reviewed at CQI/PAC.

Target for process measure

- To meet or exceed our corporate target.

Lessons Learned

Due to staff turnover, the home is exploring training night shift staff in resident safe handling while ensuring staff from other shifts are available for support.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

We promote an active collaboration including engagement of the resident and family with the nursing and physio team to proper mobility aids are available and safety needs are met.

Process measure

- Decrease in number of falls related to improper or lack of mobility aids.

Target for process measure

- To meet or exceed our corporate target.

Lessons Learned

Due to staff turnover, the home is exploring training night shift staff in resident safe handling while ensuring support from other shift staff.

Change Idea #5 ☒ **Implemented** ☐ **Not Implemented**

We enhanced resident safety and reduced falls by implementing daily nursing meetings, monthly fall prevention committee meetings, hi-low beds throughout the building, a hip protector program, and active resident and family involvement.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

There has been a decrease in the severity of fall-related injuries. The home remains committed to ongoing fall prevention efforts.

Comment

By implementing extra harm reduction strategies such as daily risk management reviews, daily nursing meetings, monthly fall prevention committee meetings, hi-low beds throughout the building, a hip protector program, and active resident and family involvement via care conferences and meetings to prevent falls and to reduce the number of injuries from falls, home has a successful falls program.

Indicator #2	Last Year		This Year		
	31.63	20	25.65	18.91%	10
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Maple Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Review all charts of residents with antipsychotic use.

Process measure

- ADOC will run report and review with appropriate physicians on their upcoming rounds date to ensure records are accurate. This will be completed by May 1st.

Target for process measure

- Decrease number of residents receiving an antipsychotic without a coinciding diagnosis to meet our target goal.

Lessons Learned

It was successfully completed. The home will continue to implement these strategies to stabilize current performance and drive further improvement.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Incorporation of Delirium clinical pathway on admission to ensure registered staff are able to identify and set interventions as needed.

Process measure

- Recognition of delirium as opposed to an underlying diagnosis requiring long term medication.

Target for process measure

- All residents will be screened on admission and careplanned interventions appropriately.

Lessons Learned

It has been successful. The home will continue to use RNAO's delirium pathways to identify the signs of delirium, complete delirium assessments, and take appropriate actions based on the assessment results.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Collaborate with pharmacist during three month medication review to highlight any need for indication of antipsychotic medications.

Process measure

- Effectiveness of this strategy will be reviewed at CQI/PAC meetings with coinciding reports.

Target for process measure

- To meet or exceed the corporate target outlined.

Lessons Learned

The home will continue to collaborate with the multidisciplinary team during monthly medication management meetings, PAC and CQI meetings, as well as on an ongoing basis during daily reviews and weekly doctor's rounds.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Implementation of pharmacist led medication reconciliation program.

Process measure

- Review statistics quarterly with CQI/PAC.

Target for process measure

- To meet or exceed our corporate goal.

Lessons Learned

The home successfully reviews the antipsychotic usage data during CQI/PAC and monthly medication management meetings.

Change Idea #5 ☒ **Implemented** ☐ **Not Implemented**

The home has implemented monthly medication management committee meetings to discuss antipsychotic usage, daily at nursing meetings, along with reviews at monthly CQI meetings, quarterly PAC meetings, careful review of RAI coding and weekly physician rounds.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This has been successful in decreasing the number of antipsychotic use without diagnosis.

Comment

The home has implemented monthly medication management committee meetings to discuss antipsychotic usage, daily at nursing meetings, along with reviews at monthly CQI meetings, quarterly PAC meetings, careful review of RAI coding and weekly physician rounds.